

Phone: 305-375-4880
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**INDEPENDENT REVIEW PANEL
GRIEVANCE REPORT FORM**

140 W. Flagler St.
Suite 1101
Miami, FL 33130

Complainant: _____
Print First Name Initial Last Name

Address: _____
Street City State Zip Code

Home Phone: _____ Office Phone: _____ Cell: _____

Beeper: _____ Email: _____

Aggrieved Party: _____
First Name Last Name Phone:

Address: _____
Address City State Zip Code

Accused: _____
Department Accused Employee's Name

Witness: _____
First Name Last Name Phone:

Address: _____
Street City State Zip Code

Incident: _____ Date: _____ Arrest? _____ Injuries? _____

Previously Reported to: _____ Date: _____

Details: Describe the incident or incidents, followed by specific allegations or acts or wrongdoing. Use a separate sheet of paper.

Please note Florida Law states that: "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree." FS 837.06

What would be a satisfactory resolution to your complaint? _____

Signature: _____ **Date:** _____

Office:

Received: _____ Taken By: _____ Class: _____ Number _____

Referred To: _____ Date: _____